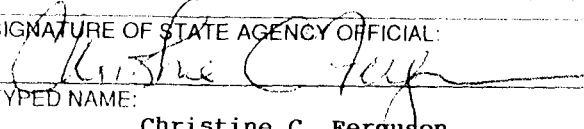
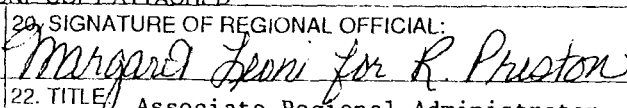


File

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>0 1 - 0 0 8</u>	2. STATE: <b>Rhode Island</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 1/01/01	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>1902(a) (10) (A) (ii) (xviii) of the Act. The Breast and Cervical Cancer Treatment Act of 2000.</b>		7. FEDERAL BUDGET IMPACT: a. FFY <b>2001</b> \$ <b>254,333</b> b. FFY <b>2002</b> \$ <b>473,045</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 2.2-A, page 23<sup>b</sup></b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>New</b>	
10. SUBJECT OF AMENDMENT: <b>Optional Coverage other than the medically needy.</b>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <b>See attached letter.</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Dorothy Karolyshyn Department of Human Services 600 New London Avenue Cranston, R.I. 02920	
13. TYPED NAME: <b>Christine C. Ferguson</b>			
14. TITLE: <b>Director</b>			
15. DATE SUBMITTED: <b>3/9/01</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>March 27, 2001</b>		18. DATE APPROVED: <b>May 14, 2001</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>January 1, 2001</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Ronald Preston</b>		22. TITLE: <b>Associate Regional Administrator Division of Medicaid and State Operations</b>	
23. REMARKS:			

STATE: RHODE ISLAND

Citation	Group Covered
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B. Optional Coverage Other Than the Medically Needy (cont'd)

1902(a)(10)(A)

(ii)(XVIII) of the Act X Women who:

- have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- Are not otherwise covered under creditable coverage, as defined in section 2701© of the Public Health Service Act;
- Are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- have not attained age 65.

1920B of the Act X (25). Women who are determined by a "qualified entity" (as defined in Section 1920B (b) based on preliminary information, to be a woman described in 1902(aa) of the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN. No. 01-008  
supersedes  
TN.No. New

Approved: 05-14-01 Effective Date 01/01/01